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## FAX

## TO

NAME: Examiner Beth Van Doren  
FIRM: U.S. Patent & Trademark Office  
FAX NO.: 571-273-8300  
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## FROM

NAME: James R. Miner, Reg. No. 40,444  
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## MESSAGE

Attached please find the following regarding U.S. Patent Application No. 10/022,438:

1. Information Disclosure Statement and Form PTO/SB/08B (2 pages);
2. Certificate of Transmission (1 page); and
3. Fax Cover Sheet (1 page).

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## OPERATOR

DATE: October 31, 2007  
TIME:  
CLIENT/MATTER NAME: Genworth  
CLIENT/MATTER NO.: 52493.0000230

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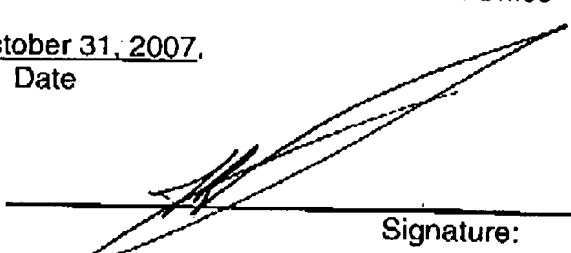
**Attorney Docket No. 52493.000230**  
**Application Serial No: 10/022,438**

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OCT 31 2007

PATENT: 10/022,438

ATTORNEY DOCKET: 52493.000230

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Number : 10/022,438 Confirmation No.: 5099  
Applicant : Allison Stoltz  
Filed : December 20, 2001  
Title : SYSTEM AND METHOD FOR RISK ASSESSMENT  
TC/Art Unit : 3623  
Examiner: : Beth Van Doren  
  
Docket No. : 52493.000230  
Customer No. : 21967

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

INFORMATION DISCLOSURE STATEMENT

Sir:

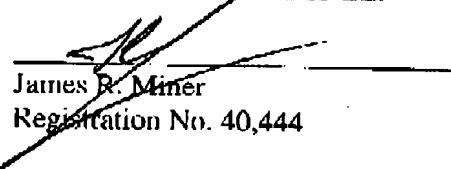
In accordance with 37 C.F.R. §§ 1.97, and 1.98, Applicant respectfully requests consideration of the reference listed on the attached Form PTO/SB/08B. Applicant respectfully requests that the Examiner consider the references cited on the Form PTO/SB/08B and that the Examiner indicate that the reference has been considered in this application by returning a copy of the Form PTO/SB/08B with the Examiner's initials in the left column per MPEP 609.

This Information Disclosure Statement is believed to be submitted before the mailing of a first Office Action and further to the filing of an RCE. Accordingly, no fees are believed due. However, if any fees are incurred upon the filing of this Information Disclosure Statement, the Commissioner is hereby authorized to charge the undersigned's Deposit Account No. 50-0206.

Respectfully submitted,  
HUNTON & WILLIAMS LLP

Dated: 10/31/07

By:

  
James R. Miner  
Registration No. 40,444

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